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Typed or Printed Name	Wilhelm A. Palmen Jr.		
Signature		Date	February 16, 2000
INFORMATION DISCLOSURE STATEMENT Address to: Box Non Fee Assistant Commissioner for Patents Washington, D.C. 20231	Attorney Docket	AERX-061	
	First Named Inventor	Gonda et al.	
	Application Number	09/330,903	
	Filing Date	June 11, 1999	
	Group Art Unit	1635	
	Examiner Name	unassigned	
	Title	Methods of Delivering Aerosolized Polynucleotides to the Respiratory Tract	

Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-1449 listing the references accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Information Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815 may be charged therefor.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

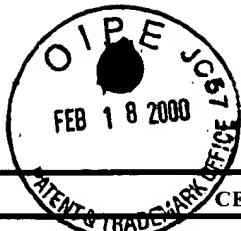
Date: Feb. 16, 2000

By:

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Typed or Printed Name Wilhelm Palmen Jr.

Signature

Date

February 16, 2000

**NON FEE
TRANSMITTAL**

*Note: Effective October 1, 1998.
Patent fees are subject to annual revision.*

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Enclosed are the following documents:

- ◆ Return Postcard
- ◆ Information Disclosure Statement (1 page)
- ◆ PTO Form 1449-Modified (2 pages)
- ◆ Copies of 25 Cited References

CLAIMS

No. of claims as filed or after amendment	Most claims previously paid	Extra claims	Fee from below	Fee Due
Total claims	- 20	=	x	=
Ind. claims	- 3	=	x	=
Multiple Dependent claims			x	=

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim
109	78	209	39	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of and over original patent

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Paula A. Borden, BOZICEVIC, FIELD & FRANCIS LLP

Reg. Number 42,344

Signature

Date

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